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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4283
Registrar's No. 189

Registration District No. 420

Primary Registration District No. 4283

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town McVernon
(c) Name of hospital or institution: X
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution X
In this community since May 1876 (Specify whether years, months or days) 2

3. (a) PRINTED FULL NAME May Ellen Williams

3. (b) If veteran name was William 3. (c) Social Security No. McVernon

4. Female 5. Color or race White 6. (a) Single, widowed, married Widow
4. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: June 18-1850
(Month) (Day) (Year)

8. AGE: Years 90 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Kentucky (City, town or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Retired from Farm

12. Name Thomas Spellman

13. Birthplace Kentucky (City, town or county) (State or foreign country)

14. Maiden name Rutha Brown

15. Birthplace Kentucky (City, town or county) (State or foreign country)

16. (a) Informant Miss Lela Williams

(b) Address McVernon Mo

17. (a) Burial (b) Date thereof Nov 25-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1007

18. (a) Signature of funeral director Geo B Orr
(b) Address McVernon Mo

19. (a) 11-25-1940 (b) P. A. HOLMES
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence
City or town McVernon
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1940 hour 8 minute 50 P M.

21. I hereby certify that I attended the deceased from Sept 9, 1940 to Nov 23, 1940
that I last saw her alive on Nov 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to Senility

Other conditions 937
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 401
(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Garnett Glover (M. D. or other) MD
Address McVernon, Mo Date signed 11/25/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 1 1940

RECEIVED

District Health Officer No. 6,

District File Number 1140-2938

Date Filed DEC 5 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

George B. Orr

Licensed Embalmer No. 946

P. O. Address.....

Mr. Vernon M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.